|  | PATENTA  |                             | _           | N FEE D                        |       |  | ON RECO          | RD .     | ت    | ع ا ج                  | <u>ا</u> ک | 355                 | ]                                      |
|--|--|-----------------------------|-------------|--------------------------------|-------|--|------------------|----------|------|------------------------|------------|---------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                             |             |                                |       |  |                  |          |      | ENTITY                 | OR         | OTHER               |  |
| FOR NUMBER   |  |                             |             | RFILED                         |       | NUMBER EXTRA                               |                  | RAT      | E    | FEE                    | 7          | RATE                | FEE                                    |
| BASIC FEE  |  |                             |             |                                |       |  |                  | 345.00   | OR   |                        | 690.0      |                     |  |
| TOTAL CLAIMS 29 minu   |  |                             |             | minus                          | 20=   | . 9  |                  | X\$ 9    |      |                        | OR         | X\$18=              | 169                                    |
| INDEPENDENT CLAIMS 4 minus 3 =   |  |                             |             | •                              |       | X39  | <u> </u>         |          | OR   | X78=                   | 78         |                     |  |
| MU   | ILTIPLE DEPEN                                  | DENT C                      | LAIM PF     | RESENT                         |       |  |                  | +130     | )    |                        |            | +260=               | 10                                     |
| • If the difference in column 1 is less than zero, enter "0" in column 2 |  |                             |             |                                |       |  | TOTA             | _        |      | OR<br>OR               | TOTAL      | 930                 |  |
|  | C  | LAIMS                       | AS A        | MENDE                          | ) - F | PART II                                    |                  | , ,      |      |                        | JON        | OTHER               | ــــــــــــــــــــــــــــــــــــــ |
|  | - S. L. S                                      | (Colui                      |             |                                | _     | Column 2)<br>HIGHEST                       | (Column 3)       | SMA      | LLE  | NTITY                  | OR         | SMALL               |  |
| ENTA   | B  | REMA<br>AFT<br>AMENE        | JNING<br>ER |                                | P     | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RAT      | Ε    | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADD<br>TION,<br>FEE                    |
| AMENDMENT  | Total  | ·Q                          | 0           | Minus                          |       | 29   | =                | X\$ 9    | =    |                        | OR         | X\$18=              | -                                      |
| AME  | Independent                                    | . 2                         | 2           | Minus                          |       | <u> </u>                                   | = /              | X39      | -    |                        | ОR         | ¥ <del>78≘</del>    | 84                                     |
| _  | BEST AVAILABLE COPY                            |                             |             |                                |       |  |                  | +130     | _    |                        | OR         | +260=               |  |
|  | " " " " COPY                                   |                             |             |                                |       |  |                  |          | AL   |                        |            | TOTAL<br>ADDIT, FEE | 84                                     |
|  |  | (Colu                       |             | Chresina - 10                  | (0    | Column 2)                                  | (Column 3)       | ADDIT. F | EE 1 |                        |            | AUUII. PEE          |  |
| EN1 B  |  | CLA<br>REMA<br>AFT<br>AMENO | INING"      |                                | P     | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATI     |      | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI<br>TIONA<br>FEE                   |
| <b>∑</b>   | Total  | .20                         | )           | Minus                          | ••    | 29   | = Ø              | X\$ 9    | =    | ,                      | OR         | X\$18=              |  |
| AMENDMENT  | Independent                                    | . 3                         |             | Minus                          |       | .5   | = C              | X39:     |      |                        | ОЯ         | X78=                |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                             |             |                                |       |  |                  | +130     |      |                        |            | · · · ·             | <b></b> -                              |
|  |  |                             |             |                                |       |  | £                | 10       |      |                        | OR         | +260=               |  |
|  | (Column 1) (Column 2) (Column 3)               |                             |             |                                |       |  |                  | ADDIT, F | EE   |                        | OR .       | ADDIT FEE           | <u> </u>                               |
| ပ  |  | CLA                         | MS          |                                | T     | HIGHEST                                    | (Column 3)       |          | _    | 4001                   | . 1        |                     | 405                                    |
|  |  | REMA<br>AFT<br>AMENO        | ER          |                                | P     | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | FLATE    |      | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADD<br>TION/<br>FEE                    |
| AMENDMENT  | Total  | . /                         | 5           | Minus                          |       | 29   | = 0              | XS 9     | -    |                        | OR         | X\$18=              |  |
| AME  | Independent                                    | . 4                         |             | Minus                          |       | 5  | = 0              | X39=     | 1    |                        | OR         | X78=                |  |
|  | FIRST PRESE                                    | NOITATION                   | OF MU       | LTIPLE DE                      | PEN[  | DENT CLAIM                                 |                  | +130:    |      | ar.                    |            | +260=               |  |
|  | I the entry in colu                            |                             |             |                                |       |  |                  | 101      |      |                        | OR         | TOTAL               | <b> </b> -                             |
| **   | f the "Highest Nur                             |                             |             | id For IN THI<br>iid For IN TH |       |  |                  | ADDIT. F |      |                        | OR         | ADDIT. FEE          | l                                      |

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